

PARTICIPANT CONSENT FORM

IRB Approval Date: 8 / 2 6 / 9 9

Expiration Date: 8 / 2 6 / 0 0

I have read the information booklet about the University of Pennsylvania Cancer Genetics Network.

I know:

- What the national network and the local network are.
- Why I am being asked to be in the Cancer Genetics Network.
- What I will have to do when I am in the Cancer Genetics Network.
- The benefits and risks of being in the Cancer Genetics Network.
- Who I can call if I have questions about the Cancer Genetics Network.

University of Pennsylvania Cancer Genetics Network: By signing this consent form, I agree to give the Pennsylvania Cancer Genetics Network permission to use the information I provide. I understand that the network may use this information for an unlimited period of time.

Yes, I agree to participate.

I have read the information booklet and this consent form and have had the opportunity to call and ask questions, and I agree to participate in the Pennsylvania Cancer Genetics Network. My signature below acknowledges my voluntary participation in this research program. I will keep a copy of this signed and dated consent form.

Participant Signature

Printed Name

Date

Date of Birth

Witness Signature

Printed Name

Date

Please legibly print your current address

Street Address

City, State, Zip Code

Home Phone

Work Phone

☐ AM ☐ PM

Best time to contact

☐ Home ☐ Work

(Check One)

No, I do not agree to participate

I have read the information about this project and do not wish to participate.

Participant Signature

Printed Name

Date

Date of Birth